

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/552,254 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2	1						52						
3		1					53						
4	1						54						
5		31					55						
6		13					56						
7		31					57						
8		10					58						
9		1					59						
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11		1					61						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↓			↓		TOTAL IND.		↓			↓	
TOTAL DEP.	9	←			←		TOTAL DEP.		←			←	
TOTAL CLAMES	11						TOTAL CLAMES						

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